

Disclosure of Relevant Financial Relationships Form

Your Full Name:

I am a: Planner Speaker Content Reviewer Author/Writer Moderator

TITLE OF ACTIVITY:

DATE OF ACTIVITY:

As a prospective planner or faculty member, we would like to ask for your help in protecting our learning environment from industry influence. **Please complete the form below and return it to: CME@medsocdel.org**
 The ACCME Standards for Integrity and Independence require that we disqualify individuals who refuse to provide this information from involvement in the planning and implementation of accredited continuing education. Thank you for your diligence and assistance. If you have questions, please contact us at **CME@medsocdel.org**

Relevant Financial Relationships		
Ineligible Company (ex. ABC Company)	What was received? (ex. Speaker Fee)	What role? (ex. Speaker)
<input type="checkbox"/> In the past 24 months, I have not had any financial relationships with any ineligible companies.		

By checking this box, I attest that I have agreed to the above statements

Date of Submission:

To be Completed by Planner, Faculty, or Others Who May Control Educational Content

Please disclose all financial relationships that you have had in the past 24 months with ineligible companies (see definition below). For each financial relationship, enter the name of the ineligible company and the nature of the financial relationship(s). There is no minimum financial threshold; we ask that you disclose all financial relationships, regardless of the amount, with ineligible Companies. You should disclose all financial relationships regardless of the potential relevance of each relationship to the Education.

Enter the Name of Ineligible Company:

An ineligible company is any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. For specific examples of ineligible companies visit accme.org/standards

Enter the Nature of Financial Relationship:

Examples of financial relationships include employee, researcher, consultant, advisor, speaker, independent contractor (including contracted research), royalties or patent beneficiary, executive role, and ownership interest. Individual stocks and stock options should be disclosed; diversified mutual funds do not need to be disclosed. Research funding from ineligible companies should be disclosed by the principal or named investigator even if that individual's institution receives the research grant and manages the funds.

**COMPLETE THIS SIDE IF YOU HAVE DISCLOSED A RELEVANT FINANCIAL RELATIONSHIP
PERTAINING TO YOUR INVOLVEMENT IN THIS CME ACTIVITY**

If you believe that this relationship will not constitute a conflict of interest, please check one of the following reasons. If none of these reasons are applicable, this does not mean that you will be unable to participate in the CME activity. The Activity Director will contact you to further discuss your participation.

The financial relationship does not relate to my educational assignment/presentation.

I will be using best available published evidence to support my presentation.

Please list evidence/studies cited
(attach a separate list if needed):

I am changing my relationship with the commercial interest. Please indicate Nature of Change below.

Nature of change:

All scientific data referenced or used as justification of patient care recommendations conforms to the generally accepted standards of experimental design, data collection, and analysis.

Please list data referenced
(attach a separate list if needed):

Other

I am unsure how to resolve my potential conflict of interest. Please contact me.

Your Name:

Signature: _____

This form is designed as a first step in resolving any potential conflicts of interest for the relevant financial relationship(s) you have disclosed. You will be contacted if further information is required. **Your cooperation in complying with this standard is appreciated.**

For Activity Director Use Only:

1. Review of the disclosed financial relationship revealed that no conflict of interest exists OR

The conflict of interest was resolved by the following:

2. Financial relationship was altered by:

3. Control over content was altered by: a) someone else will control that part of the content, b) focus of the CME activity will be changed, c) the content of the person's assignment will be changed, d) the content will be limited to a report without recommendations and or, e) the sources for recommendations will be limited.

4. Peer review of the content determined: The activity director or knowledgeable clinician will review the content prior to the start of the presentation to assure that content is valid and aligned with the interests of the public. 2) All recommendations involving clinical medicine are based on best available evidence. 3) All scientific research referred to, reported, or used in the CME activity in support or as justification of patient care recommendations conforms to the generally accepted standards of experimental design, data collection, and analysis.

5. Unable to resolve the conflict, and the individual was eliminated from participation in the CME event.

6. Other... Describe:

Activity Director Name:

Signature _____

Date: